

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-876)

RECEIVED NO. 10/517881
ATTORNEY
MEMO DATE 10/10/2001
WILDER ANDADO
National Stage Processing
PTO FORM 876 (02-01)
PRINTED NAME, ADDRESS

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT				
	IND.	DEP.	IND.	DEP.	IND.	DEP.			
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TOTAL IND.	/		/		/				
TOTAL DEP.	/		/		/				
TOTAL CLAIMS	12		10						